Infasurf® for neonatal RDS
(calfactant)
Intratracheal Suspension

HOME INFASURF ABOUT RDS ABOUT ONY CONTACT

Lower mortality is the most important benefit of surfactant therapy. All surfactants are equivalent for that benefit. But surfactants differ in other responses that make up the clinical course: Infasurf's greater potency gives the most rapid and biggest initial improvement in respiratory status when treating patients with RDS.

Infasurf's high SP-B content prolongs the positive effects, enabling some patient to receive fewer doses.

Infasurf's high SB-B content makes it more resistant to inhibition by the serum proteins which form the membranes of Hyaline Membrane Disease.

Infasurf's formulation produces a dose that is large enough to achieve good distribution, small enough to be a well tolerated and in a suspension with the lowest viscosity.

Administration of exogenous surfactants, including INFASURF, often rapidly improve oxygenation and lung compliance. Following INFASURF administration, patients should be monitored so that oxygen and ventilatory support can be modified. During dosing with INFASURF, the most common adverse reactions reported in clinical trials were cyanosis (65%), airway obstruction (39%), bradycardia (34%), and ETT reflux (21%). These events were generally transient, and not associated with serious complications. If any of these events occur, administration should be interrupted and the infant's condition stabilized.

Infasurf for neonatal RDS
(calfactant)
Intratracheal Suspension

HOME | INFASURF | ABOUT RDS | ABOUT ONY | CONTACT

PRODUCT PROFILE
PACKAGE INSERT
SURFACTANT INFORMATION
BIBLIOGRAPHY
INSTILLATION VIDEO
FEATURE & BENEFITS VIDEO

Infasurf is a pure surfactant that contains only active surfactant unlike our competitors, which contain lung tissue contaminants. Infasurf delivers the highest level of Surfactant Protein B (SP-B), the closest to natural lung surfactant.

Surfactant Protein-B plays two critical roles: it is the essential activator of the surfactant film and SP-B protects the surfactant film from disruptive inflammatory mediators and this is a concentration dependent response (stoichiometric). The more SP-B you have, the more the film is protected. The less SP-B you have, the less the film is protected.

Competitive surfactants also create a film but only Infasurfis sufficiently rugged to withstand inhibitory proteins like fibrinogen, hemoglobin and albumin. This composition is the reason that Infasurf has optimal immediate and sustained surfactant effects.

Administration of exogenous surfactants, including INFASURF, often rapidly improve oxygenation and lung compliance. Following INFASURF administration, patients should be monitored so that oxygen and ventilatory support can be modified. During dosing with INFASURF, the most common adverse reactions reported in clinical trials were cyanosis (65%), airway obstruction (39%), bradycardia (34%), and ETT reflux (21%). These events were generally transient, and not associated with serious complications. If any of these events occur, administration should be interrupted and the infant's condition stabilized.

Infasurf for neonatal RDS
(calfactant)
Intratracheal Suspension

HOME | INFASURF | ABOUT RDS | ABOUT ONY | CONTACT

PRODUCT PROFILE
PACKAGE INSERT
SURFACTANT INFORMATION
BIBLIOGRAPHY
INSTILLATION VIDEO
FEATURE & BENEFITS VIDEO

Administration of exogenous surfactants, including INFASURF, often rapidly improve oxygenation and lung compliance. Following INFASURF administration, patients should be monitored so that oxygen and ventilatory support can be modified. During dosing with INFASURF, the most common adverse reactions reported in clinical trials were cyanosis (65%), airway obstruction (39%), bradycardia (34%), and ETT reflux (21%). These events were generally transient, and not associated with serious complications. If any of these events occur, administration should be interrupted and the infant's condition stabilized.